

## PERISCOPE.

---

BY FREDERICK PETERSON, M. D., AND LOUISE FISKE-BRYSON, M. D.,

### ATROPHY OF THE DELTOID AND ITS CURE BY PASSIVE CIRCUMDUCTION OF THE LIMB.

G. C. Harrison, writing in the *Lancet*, Feb. 16, 1889, finds the literature of this affection very meagre, the suggestion being generally that it may be a form of rheumatism, which in his opinion it is decidedly not. In studying into the matter he was struck by the peculiar course of the circumflex nerve, which is totally unlike that of any other muscular nerve in the body. His theory of the origin of these deltoid atrophies, then, is that the circumflex nerve, in passing through the quadrilateral space, is rendered liable to injury, and even to strangulation. Falls upon the shoulder, stretching the arm beyond its due limit, or long-continued pressure in certain positions appear to cause atrophy of the muscle, and the writer suggests that the atrophy is due to strangulation of the nerve in the quadrilateral space, varying in degree according to the mode of injury, sometimes causing irritation and consequent hyperæsthesia, and sometimes complete interruption of the nerve-current and paralysis. He relates some eight cases in illustration of his theory and of his treatment by circumduction. His second case is particularly typical, and is here given as an example:

“CASE II.—My next case was a widow lady, who six months previously had been attempting to reach something from a high shelf, when her left arm fell powerless to her side. She suffered much pain, and had been treated medically for six months without benefit before I saw her. The deltoid was quite atrophied; all the other muscles of the arm compared favorably with those of the opposite limb. Circumduction caused considerable pain, and the movements of the humerus were very restricted, owing probably

to the locking of the head in the joint by adhesions or want of elasticity in the teres major and minor ; but I persevered with the treatment, and had the satisfaction of completely restoring the limb, the atrophied muscle gradually resuming its former size and vigor."

#### LUNACY IN AUSTRALIA.

F. N. Manning discusses some very interesting topics in the *Australasian Med. Gazette*, Jan., 1889. In the provision of reception-houses in New South Wales and Queensland, and of lunacy-wards in public hospitals in Victoria, for the treatment of insanity in its early stages, the Australian statutes are decidedly in advance of those of Great Britain, and, the editor may add, also in advance of those of the United States.

There has been little legislative provision for imbeciles and idiots in Australia, and most of cases find a place of refuge in the ordinary insane asylums, but New South Wales has a separate hospital for idiots. Three of the colonies have institutions for insane criminals.

As regards the criminal insane, he thinks that those who commit crimes while insane should be treated in asylums, but that there should be lunacy-wards in prisons, just as there are sick-wards for those who become insane while undergoing penal servitude, and refers to the successful administration of lunacy-wards in connection with the Scotch prison at Perth, and with the English prison at Woking.

It is interesting to learn from Dr. Manning that the universities of Sydney and Adelaide make the study of psychological medicine a compulsory part of the curriculum for degrees.

The author very sensibly says that no one form of building can meet all the requirements of the insane, and his ideal psychopathic hospital is one that certainly would meet the approval of all who have had experience in the management of large numbers of the insane. He would stipulate for a central hospital for the sick and for acute cases, surrounded by blocks or pavilions of varying form and con-

struction for different classes, and supplemented by cottages for the convalescent, the quiet, and for certain chronic cases. At least a fourth of the total accommodation should be in the form of separate or single rooms. The pavilions should be comparatively small, so as to prevent too large an aggregation of patients.

#### HOSPITAL TREATMENT OF THE INSANE.

There is certainly very great need of reform in the treatment and management of the insane. Instead of congregating vast numbers of these unfortunates in huge buildings of a cathedral style of architecture, where individuals are lost sight of, where the physician's duties merely become perfunctory; where the chief object seems to be to feed, clothe, and keep patients warm on the lowest possible economical basis, where the superintendent degenerates (with notable exceptions) into a farmer, surveyor, plumber, or architect, a radical change is approaching in the way of greater segregation and individualization.

Dr. H. R. Hopkins, in a discussion before the Buffalo Medical Association, June 4, 1889, upon the above subject, presented ideas so in accord with those of the writer of this abstract, that he cannot refrain from assisting in their diffusion. The most important of these is that of opening general hospitals to the reception of the curable insane, as has been done in Victoria, Australia. The remarks bearing upon this subject are as follows:

"This is the year 1889, and yet it is necessary to call the attention of this society, and of the medical profession which this society represents, to the fact that in the management of the insane we have retained certain demoniacal residua. Our statutes and our usages still provide that before an insane man can be subjected to suitable treatment the machinery of the courts has to be invoked, and he has to be committed to an asylum, to be sure, and yet this asylum is abundantly supplied with locks, bolts, bars, handcuffs, strait-jackets, camisoles, and various methods of treatment hardly compatible with the idea that the insane is only a patient needing medical treatment. Is it not time,

Mr. President and gentlemen, that the medical profession asserted itself and recognized, in fact as well as in theory, that the insane is not demoniac, but only ill? Could anything be more absurd than for a medical man of this day to apply to the courts for permission to treat a case of inflammation of the eye, to place a patient suffering from inflammation of the eyes in that condition where injurious influences are to be excluded from him; or, in case of a fractured femur, to invoke the machinery of the law to enable him to place such restraint upon the patient as experience has demonstrated is necessary to his proper recovery? For myself I can see no lack of similarity between the requirements of one suffering from an inflammation of the eye, or suffering from a fractured femur, and one suffering from mental disease; and it seems to me that it is for the medical profession to assert that it has no conception of an insane man other than as a patient requiring relief, and that the medical profession is in a situation to demand that there shall be no circumlocution, no embarrassments placed between the most enlightened treatment and the suffering citizen in need of such treatment.

“ This brings me to a suggestion which I would like to make to the society, and that is, that it is not expedient that the care and management of the insane of any community be placed in the hands of a few individuals of the medical profession. In my judgment the members of the medical profession at large are the safest custodians for this responsibility, and I would suggest for the consideration of this society the propriety of recommending that every hospital have attached to it a suitably prepared ward for the reception of the acutely insane. To these wards, so equipped, patients should be admitted with no more circumlocution than pertains to the admission of patients to the surgical ward, the lying-in ward, or any other department of a well-equipped hospital. If statistics have ever established any fact in medicine, they have established the truth that early treatment in the history of insanity exercises the most hopeful influence over the case.”—*Buf. Med. and Surg. Jour.*, Aug., 1889.

## INSANITY FROM USE OF GANJA IN BENGAL.

In Bengal, among the predisposing and exciting causes of insanity, ganja takes the place of alcohol. Its effects, though equally violent in many instances, are much more evanescent, and its habitual use does not lead to the same organic tissue-changes. A very large proportion of the graver crimes are committed under its acute influence, but under confinement and deprivation of the drug the mania which it causes rapidly subsides, and leaves the man a quiet and trustworthy inmate, with little tendency to relapse, in the absence of the drug, for the remainder of his life.—*Extract from editorial, "Lancet," Nov. 17, 1888.*•

[Ganga, gunjah, bangue, beng, subjee, supposed to be the nepenthe of the ancients, consists of the largest leaves and capsules of cannabis Indica, mixed usually with other substances, like sugar, areca, etc., and is used for chewing and smoking.]

## MULTIPLE NEURITIS IN BRASS-WORKERS.

Dr. C. W. Suckling has met with a few cases of ataxia in brass-workers, in one of which the knee-jerks were lost, and the case resembled locomotor ataxia, except that there were no pupil-changes. He considers the ataxia due to a peripheral neuritis, caused by copper-poisoning. He relates the following two cases:

“CASE I.—The patient, a man, aged thirty-nine, has been a brass-worker for twenty years. He has been a steady man, and not addicted to drink. About Easter last he began to suffer from pains in his legs, and especially from aching pains in his calves. The pains in the lower extremities were later on followed by slighter pains in the fingers, and still later by weakness in the legs and hands, so that in a few weeks he was unable to walk. There is a well-marked green line on the teeth, the lower half of the body of each tooth being stained of a deep green color, the typical staining of brass-workers. He complains of his fingers feeling hot, and there is slight tactile anæsthesia in the hands and feet, thermal and painful sensations being

normally perceived. There is marked loss of muscular sense in the legs. He suffers from double wrist-drop and foot-drop. The grasp is very feeble, and the fingers slightly flexed at all joints, there being inability to straighten them, or to extend the wrists. The feet are dropped and flaccid; the knee-jerk is lost on both sides. The calf muscles are tender when grasped, but there is not the extreme tenderness so often met with in alcoholic paralysis. There is emaciation of the arms and legs, but no oedema or change in the nails. The bladder and rectum are unaffected, and there is no bed-sore. There have been no mental symptoms, no dyspepsia or morning sickness, and he has not had syphilis, rheumatism, or gout. He is not phthisical or diabetic, nor has he been much exposed to cold, nor worked in lead. He has considerably improved since his admission into the Queen's Hospital under the influence of iodide of potassium and massage. On admission he was quite unable to stand, and now he can walk about the ward, though his gait is of the high-action type. The electrical reactions in this case were normal, except that the faradic irritability was a little diminished.

“CASE II.—W. G., a man, aged thirty-one, a brass-finisher, was admitted into the Birmingham Workhouse Infirmary in June last. On admission it was found that his gait was ataxic, and that the knee-jerk was lost on both sides. The grasp was very feeble, and he could not fully extend the fingers. The feet were dropped. He complained of numbness in the fingers and toes, and there was some actual anaesthesia in the inner borders of the feet. He had a well-marked green line on the teeth, and had often suffered from attacks of profuse sweating. The pupils responded normally to light and accommodation. There was considerable emaciation of the thighs, legs, and forearms, but no qualitative electrical changes, except that faradic irritability was somewhat diminished. He had been ailing eighteen months before his admission, and had been unable to walk for twelve months. He has greatly improved under the use of massage and the administration of iodide of potassium internally, being now able to walk well without ataxia.”

The author finds relief in these cases to follow administration of iodide of potassium.—*Brit. Med. Jour.*, Dec. 15, 1888.

#### MASSAGE IN INSANITY.

Dr. G. H. Savage, in a paper on this subject, said that of late there had been too great a tendency to treat all cases of neurosis by massage. This treatment was not only of no use, but was really harmful in some such cases. It might be taken for granted that it was rarely if ever useful in ordinary cases of insanity; in cases of emotional self-consciousness it was bad, both the solitude and the bed being contra-indicated. In hypochondriacal states it was generally harmful, and in most cases of active melancholia it was not useful. Its chief use was in those cases in which the mental depression was associated with physical weakness, loss of flesh, and deficient action of the gastro-intestinal tract. The massage should be continued as long as the general health was feeble, and as long as the appetite was bad. The object was like putting salt in the food given by stomach-tube to create a desire for food, and then to supply it in a suitable form and quantity. He related a specially interesting case of melancholia cured after four years of profound depression.—*Edinb. Med. Jour.*, Sept., 1889.

#### RAYNAUD'S DISEASE.

Dr. C. P. Combs says in the *Med. Press and Circular*, January 2, 1889, that those who are consulted about particularly bad chilblains during the Winter months will feel interested in watching such cases, as they may turn out to be symmetrical gangrene. It is twenty-eight years since Raynaud described this disease. As an instance, take the following: A girl of sixteen walks in melting snow, and a few days after suffers much pain in her feet. The toes are swollen, sometimes pale in color, sometimes dark red, sometimes dark purple. The pain varies, and is often so intense that the patient will not allow her feet to be touched. The next stage may be that of gangrene, which is usually dry and superficial. In Raynaud's disease we

have the familiar morbid changes of chilblains, the ischæmia of parts inclined to die from cold, the cyanosis of the hot stage of chilblains, the intense pain common to both, and the death of the skin of the worse patches occurs in both cases. It is believed that this condition is due to neuritis in Raynaud's disease, with a consequent vascular disturbance. In chilblains there is probably vascular disturbance only.

The author also compares herpes to Raynaud's disease. The darkened patches of zona, the vesicles, the small sloughs, dry, black, some separating and leaving granulating surfaces, the great systematic disturbance, all resemble the similar changes of the second and third stages of Raynaud's disease.

#### ON THE TREATMENT OF SEVERE CHOREA BY CHLORAL.

Dr. W. T. Gairdner, writing in the *Lancet*, August 3, 1889, states that in 1870 in treating an unusually intractable and serious case of chorea began using chloral, then a rather new hypnotic. By mistake sixty grains were given to the case, a girl of eight years of age. Symptoms of poisoning set in, and the critical state was not passed until the lapse of five hours. The choreiform movement entirely disappeared and did not return. The girl was discharged recovered in two months. He had continued to treat similar cases in this way ever since the good result obtained in his accidental experiment. Since then many others had found chloral extremely useful for the same purpose. The most recent writer to laud the drug in severe chorea was Dr. Bastian in an article in the *Lancet* of July 13, 1889. In all ordinary cases he should not think of resorting to it, since they readily yield to arsenical or other tonic treatment. But there are unquestionably a few cases in which the tonic regimen and tonic treatment fail, and others in which their action, though ultimately successful, is so slow as to be unsatisfactory; besides a very few in which the disease *per se* is alarming and apparently dangerous from exhaustion, present or proximate, so as fully to justify (not to say excuse) a much more active treatment. In all these

three classes of cases he has habitually employed chloral, and since 1870 chloral *almost alone*. These, of course, have been almost among the worst cases in his experience; and practically these have included *all* the very bad cases. And, therefore, he declares in no single instance has chloral hydrate, with the comparatively modest and limited expectations he has formed of its value, wholly and absolutely disappointed expectation. It has not often *cured*, it is true, directly and at once, as in the case just narrated, but it has always had an important influence in controlling choreic spasm, and has rarely failed in placing the patient *in the way of cure* when followed up by hygienic and other remedies or by lapse of time, which in many such cases is *the* remedy. He recalls several cases of chorea in children so bad that he could not but regard them as having an element of present danger, which have yielded at once as a first step in the treatment to chloral hydrate, under which mainly the cure has been completed. Taking it all round, his experience of this remedy in chorea, while not without qualifications, is certainly not in accordance with the following expression of Dr. Sydney Ringer (*sub voce*): "Chloral *sometimes* restrains the voluntary movement of chorea, *but sometimes it is powerless*." It would be much more correct to say that chloral can almost always be depended on to control the movements of genuine chorea for the time during which its physiological action is fully maintained, but that it is sometimes inadequate to a permanent cure.

#### URETHAN IN TETANY.

In the *Boston Med. and Surg. Journal*, September 5, 1889, Dr. S. L. Abbott writes that he had a severe case of tetany at the Massachusetts General Hospital, a 'longshoreman, aged forty-three. The disease had lasted six weeks. Having used urethan successfully in severe chorea, he determined to try its efficacy in this disease. Ten grains were prescribed to be given every two hours by day and fifteen at bedtime. After the second day the cramps had disappeared and did not return. Treatment was continued for nine days. He had heard of the patient nine months later, and he had remained in perfect health.

GOWERS (W. R.) ON THE ELABORATE DIAGNOSES OF  
NEUROLOGISTS.

A tendency is often to be observed in the present day to underrate diagnosis, or at least the elaborate diagnosis of which the diseases of the nervous system furnish so many examples. In the face of the urgent needs of suffering humanity, with its mute or uttered cry for the relief we cannot always give, our precise distinctions and elaborate processes may seem like an ingenious device for interesting us while the patient suffers. That such an impression is wholly wrong I need not say to those who hear me now; but the tendency is real; it is reflected beyond our own ranks; and I may give one warning—a warning to myself as well as to others,—that we should be always on our guard lest we do anything, by word or manner, that may excite or foster the feeling to which I refer. Diagnosis must come before treatment, but this should make us careful lest we produce an impression that we regard the order of the two in time that also of their importance—an impression easily produced when, as often, the treatment is plain and its methods familiar, while the diagnosis is complex and its processes strange.—*Br. Med. Jour.*, Feb. 2, 1889.

INEBRIETY AMONG THE CULTURED AND EDUCATED  
CLASSES.

In an article upon this subject in the *Med. Press and Circular*, January 9, 1889, Dr. James Stewart gave a *résumé* of observations based upon twelve years' experience in the treatment of inebriates. He called special attention to the pathological condition of the cerebral tissue in inebriety, a loss of brain substance as real as the loss of a portion of a finger sliced off accidentally with a knife. Inebriety was a physical disease as clearly marked as many other diseases, and must, to be successfully treated, be dealt with in as scientific a manner as these other maladies. New and sound brain tissue must be built up before a cure could be effected. This required a considerable time, the shortest term being twelve months. Dr. Stewart concluded by stating as his opinion that: (1) Inebriety is a lesion of the

brain which has gone so far as to affect the will-power. (2) Successful treatment based on this pathological dictum must include the absolute cessation of alcoholic drinking. (3) There is no danger in the sudden and complete withdrawal of alcohol if the case, no matter how severe, be in the hands of a skilful physician able to personally direct the hourly treatment from the first. (4) The physician undertaking the charge of such cases ought to be himself a total abstainer, so that moral treatment by example might supplement therapeutic remedies. (5) Permanent recovery need not be hoped for unless both lines of treatment be pursued systematically—during an uninterrupted period of twelve months—in a home from which alcohol is excluded. (6) So-called “cures” effected by bark, strychnine, and other specifics have not proved permanent. (7) The permanence of a cure depends greatly on the after treatment pursued subsequent to the patient leaving the “home.” The family of the inebriate should all become total abstainers, no alcohol being allowed into his or her house except as a drug prescribed by a medical man and dispensed in a medicine bottle.

#### FALSE NEURASTHENIA.

In the *Prov. Med. Journal*, February 1, 1889, Dr. A. S. Myrtle writes as follows upon this subject:

Here we find symptoms in every respect similar to those of true neurasthenia, and it will take you all your time and patience, as well as tact, to detect the sham from the real. If you hark back a bit, you will find that as a child she showed temper; as she grew, she became fitful, hysterical, and given to the sulks; craved for sympathy, and exhibited little or no sympathy for others. On questioning her, she describes her sufferings in forcible language. She can neither eat nor sleep; has not an atom of strength; suffers from the most dreadful pain, most fearful headaches, and frightful spasms; and should you suggest any portion of her body, from her head to her heels, as possibly exempt from pain, she often resents the insinuation, and declares that is the very part where she suffers most. Whilst she

tells you all this in a sort of whine, her features don't show indications of any agony, and, if you watch her, you will find that she overacts her part. Utterly indifferent to the anxiety of parents and friends, or to the trouble and expense she causes, she seemingly finds gratification in watching the unwearied efforts of those around her in doing their best to comfort and help her. Whilst putting on an air of the most abject listlessness whilst you look at or speak to her, if you talk at her you will learn that she has both eyes and ears ; if you assist her in any way she makes herself as helpless as she can—a dead weight. These creatures not only deceive every one around them, but in time they succeed in deceiving themselves. Were it not so, I cannot understand how they continue playing such a sorry game for so long, and with so much strain and fixity of attention to the exclusion of everything else as I have seen them do. If we push our inquiries a little further, we generally discover that there is some obliquity of the moral sense ; an ungratified whim or disappointed affection at the bottom.

#### INSANITY FOLLOWING SURGICAL OPERATIONS.

In a recent letter to the *Brit. Med. Jour.* (Aug. 31, 1889), Dr. Tait speaks as follows in criticising Dr. E. Denis' book upon this subject :

"I have now performed, so far as I can estimate, between 7,000 and 8,000 operations requiring the use of anæsthetics, and I have had anæsthetics administered in my practice for purposes not involving traumatism probably in 3,000 more instances, and I know of seven cases of sequent—not necessarily consequent—insanity. Of course there may have been others not known to me, and I shall say fourteen cases to cover that margin of error.

"My own practice, therefore, does not yield a proportion of cases of insanity following operations larger than the general proportion of insanity in the adult female population ; and if I include the cases of anæsthesia, it is probably considerably smaller.

"Dr. Denis says: 'En moyenne, on observe 2.5 cas d'aliénation mentale sur 100 opérations.' But if this had been the case all of us engaged in active operating practice would have felt the influence of the fact long ago. Personally, I have been struck by the occurrence of insanity after operations as being like the occurrence of tetanus—something to be met with occasionally, but not a matter to calculate upon. If I saw an insanity rate of 2.5 in my operations, it would be more striking than any death-rate in everything but my hysterectomies, and in that class I have already said I have never seen insanity follow in a single instance; and Dr. Bantock's experience amounts to practically the same result, for his exception cannot really be called one of insanity following an operation. As a *per contra*, I can point to at least thirteen cases where operations have cured insanity."

#### LANDRY'S PARALYSIS.

In the *Brit. Med. Jour.*, Nov. 3, 1888, Dr. M. Woodward describes a case of this disease occurring in his practice.

The subject was a laboring man, aged thirty-seven, married, with three children. His wife said, beyond some trembling of the hands, he had been at work in good health. When first seen, with the exception of a feeling of weariness, there was an entire absence of symptoms; on the next visit, two days later, he was sweating profusely, and the hyperidrosis continued until he died. In a few days paralysis of the muscles of the lower extremities was complete, soon those of the trunk and upper extremities were involved; the breathing became difficult, and he died the tenth day. The symptoms followed the course described in standard works, except the sweating, of which there is no mention. The temperature remained normal, or nearly so, throughout, and the muscles flaccid.

#### INSANITY TREATED BY HYPNOTISM.

This subject came up for animated discussion at the meeting of the British Medical Association in August last. We extract the greater portion of the discussion from the *Brit. Med. Jour.*, Sept. 21, 1889, and reproduce it here.

"Dr. Auguste Voisin, physician to the Salpêtrière, Paris, made a communication on the treatment of insanity and neuroses by hypnotic suggestion, and on the application of the method to the moral and instinctive perversion of backward and imbecile children. He stated that until within the last few years no serious attempt had been made in this direction, and that it was generally supposed that the insane could not be hypnotized. Dr. Voisin had been able to develop this method in his hospital and private practice. Catalepsy ought to be carefully avoided, because the hypnotized individual ought to be able to preserve the use of his senses, especially of hearing. He was convinced that hypnotism was only useful when it was possible to make use of suggestion, and he was firmly of opinion that, as Braid had said, the hypnotic state originated in the nervous system of the hypnotized person. Having described the basis of hypnotic treatment and of suggestive therapeutics, Dr. Voisin detailed the various categories of the insane with regard to whom he had made observations. By this treatment he had cured persons suffering from hallucinations and delusions, and from disturbances of special and general sensation. Suicidal ideas and acute and furious mania had disappeared under the use of this method. Cases of insanity were cited which had only been calmed after several hours. The treatment had also succeeded in the mania and agitation observed during the catamenia. Patients in this category had even remained asleep from six to eight days. The method had also succeeded in dipsomania and in morphinomania. Dr. Voisin had also been fortunate enough to cure obstinate cases of onanism in this way, and had applied the method *à la moralisation des enfants dépravés*. He had thus completely transformed their habits of thought, and had brought them to love the good, whereas formerly they had only loved the evil. He had also succeeded in curing amenorrhœa in the insane, which was a frequent cause of nervous and mental troubles; he particularly insisted upon this point as proving it was possible to influence the functions of the sympathetic system.

"Dr. Yellowlees said his attitude of mind towards this paper was simply one of amazement. Here was something that cured mania, banished hallucinations, cured love of drink and morphine, stopped masturbation, improved the memory, made imbeciles wise, and bad folks good; moreover, it cured amenorrhœa, and the patient menstruated as directed. It resembled nothing so much as the waving of a conjurer's wand, and saying to disease, 'Begone.' Moreover, in nine-tenths of the cases the cure was permanent. If all this were true, their vocation was gone, and they must seek some other profession. Dr. Voisin must not deem them disrespectful if they were a little incredulous as to these wonderful results. It might be that there was something in the vivid Gallic nature that we had not here, or something in Dr. Voisin's method that they did not know. Certainly they had seen no such results from hypnotism here, and certainly he had never heard of results so amazing as those enumerated in Dr. Voisin's paper. Nothing would be so satisfactory to the section as to get a demonstration of his method from Dr. Voisin at the Wakefield Asylum next day, and he would earnestly ask for this.

Dr. Langdon Down had witnessed some cases of hypnotism when the patients declared that, under the influence of suggestion, control over the bowels in constipation and over the uterine function could be obtained. Dr. Tuckey had found it successful in the treatment of dipsomania, masturbation, occupation neuroses, such as writers' cramp, and various neuralgias. The Rev. Arthur Tooth, of Woodside, Croydon, was employing hypnotic suggestion with much success in his institution for inebriates. Out of the first hundred cases he only failed to influence hypnotically twenty-one patients. But his experience in the treatment of melancholia by hypnotism had so far been disappointing. Only six persons out of the hundred were sufficiently deeply influenced to be susceptible to post-hypnotic delusions or suggestion. The common idea, therefore, that the patient was, subsequently to hypnotism, a mere tool in the hands of the operator, was erroneous in the immense majority of

cases. Dr. Ireland thought that perhaps Dr. Voisin had made too sweeping claims for the success of his method of treatment. He himself could not hope that nine-tenths of the patients so treated would derive benefit, but he had no doubt that in some cases much good might result from hypnotism. Braid, of Manchester, had claimed cures quite as startling as those stated by Dr. Voisin. He published a case in which milk was brought into one mamma in a woman, the other remaining flaccid. There were instances of women being violated when in the hypnotic condition. He, however, did not think that because the remedy was capable of abuse it should be proscribed. The same objection might apply to chloroform. Dr. Percy Smith in the past winter had subjected sixteen patients in Bethlem to experiments, with the assistance of Dr. A. T. Myers, who obtained the services of a professional hypnotizer. The following rules were laid down: 1. That any experiments of this sort in the insane should be entirely directed to a therapeutic end, and not merely to elucidate physiology. 2. That the term "mesmerism" should be avoided in speaking on the matter before patients. 3. The patient not to be alone at the time, and, if a female, that a nurse should always be present. He was obliged to state that the results had been almost entirely negative—in fact, he had not been able to get insane patients into the hypnotic state. It seemed almost impossible to secure the necessary attention. He did not think it necessary to fatigue the meeting with details of all the cases, though it was important to publish failure as much as success. He briefly mentioned the methods used, and suggested that, in all probability, patients in France were more susceptible than in England. He thought that the matter should not be put off lightly, and that evidently more experience was needed before a final opinion could be given as to the value of hypnotism in the treatment of insanity.

#### THE INTERNATIONAL CONGRESS ON HYPNOTISM.

As a valuable addition to the above account of the discussion of hypnotism and insanity, at Leeds, we extract

from the *Lancet*, Aug. 31, 1889, parts of the proceedings of the Congress on Hypnotism, at Paris:

Over a hundred medical men, French and foreign, responded to the summons of the organizing committee. M. Dumontpallier, the president, at the opening sitting, traced rapidly the history of scientific hypnotism, the progress of which was in a large measure due to the researches of the school of the Salpêtrière and of that of Nancy, but the popular knowledge of which in the profession dated back to very recent days only. The study of scientific hypnotism, said the speaker, began in 1876 only, when a commission was nominated by the Biological Society to report on the experiments in metallo-therapy of Burq. The recognition of certain effects produced by metals led the commission to the study of hypnotism, which produced analogous phenomena. M. Dumontpallier, at the Hôpital la Pitié, and M. Charcot, at the Salpêtrière, carried on this inquiry. Then the Nancy school, directed by Liébeault, Bernheim, and Liégeois, worked out one branch or factor in the hypnotism —viz., suggestion—which it made peculiarly its own. Indeed, M. Bernheim endeavors to show that under suggestion may be included nearly all the hypnotic phenomena. It is undoubtedly a powerful element, but many other procedures and physical agents may be used to bring about the hypnotic state independently of suggestion. Thanks to the works, then, of Ladame and others, hypnotism now finds its place in the academies, and no longer meets with opposition from scientific minds. It was still, however, necessary, in order to place this progress on a solid basis, that all experiments should be conducted with scientific reserve and closely criticised, and to consider nothing as a demonstrated fact unless it were confirmed by all or the majority of inquirers.

Such, in *résumé*, was the opening address of the president. The first question which was put before the meeting for consideration was: "The prohibition of all public performances in hypnotism, and the necessity of putting hypnotism under legal control." Finally the proposition was put to the vote and carried; and to it was added the follow-

ing resolution, which was also carried, viz.: "That it is desirable that the study of hypnotism and its therapeutical applications be introduced into the curriculum of medical education."

MM. van Renterghem and van Eeden, of Amsterdam, next communicated the results obtained in the treatment of 414 cases made up of organic diseases of the nervous system, neurotic, mental, and neuralgic cases, etc. The method adopted was the Nancy one of suggestion. In 71 cases there was no result, in 92 slight amelioration, in 98 marked amelioration, and in 104 cases cure; 57 cases were not worked out.

After this the congress proceeded to the discussion of the second question, viz.: "What is the relative value of the different methods of bringing about the hypnotic state and of augmenting suggestion from a therapeutic standpoint?" M. Bernheim, in discussing these points, said that to define hypnotism as induced sleep was not sufficient, for all hypnotized subjects do not sleep. Some have profound sleep, with amnesia on waking; others also sleep deeply, but recollect their hypnotic period; a third category fall into a light sleep only; and, finally, there are others who do not sleep, or believe they do not. The degree of suggestibility varies with each one of these groups, and is very high in the first; the second are also subject to fairly complete suggestion, but in the remaining groups it is incomplete. For example: one can obtain suggestion of movements and sensation, but not hallucinations. A subject may, however, pass from one to another of these categories. The hypnotic condition, then, is not mere sleep, but a peculiar psychical state, the sleep indicating a profound condition of suggestibility only.

F. P.

#### OPTIC-NERVE ATROPHY PRECEDING GENERAL PARESIS.

The *British Medical Journal*, Sept. 21, 1889, gives Dr. Wiglesworth's statement in regard to optic-nerve atrophy as an occasional early symptom—sometimes the first sign—of general paresis of the insane, and preceding all mental

evidences of the disease. Primary optic-nerve atrophy, for which no cause could be assigned and associated with obscure mental symptoms, might be considered an evidence of approaching general paresis. Dr. Percy Smith cited two cases, at Bethlem, that bore on Dr. Wiglesworth's paper. One, male, aged thirty-five, was blind when admitted, sight having begun to fail three years before admission, with some mental symptoms eighteen months previous to date of entrance in hospital. Thus ocular symptoms preceded mental abnormalities by one year and a half. There was a history of syphilis; knee-jerks exaggerated. Patient eventually died in convulsions. In another case, a woman, the autopsy revealed numerous cortical wastings. Dr. Yellow-lus mentioned a precisely similar instance.

In the same journal are set down Dr. Fletcher Beach's views of the "Causes of Idiocy and Imbecility." His experience, perhaps, might differ slightly from those of others whose patients were drawn from a higher class of society.

1. Hereditary predisposition played such an important part, that Moreau, of Tours, found it present in nine-tenths and the author in seventy-six per cent. of all cases.

2. Next in order came intemperance, combined with other causes (rarely is imbecility due to one cause alone), the parents not considering drunkenness a disgrace.

3. Phthisis.

4. Maternal impressions. Some causes would be found to exert themselves before birth, some at birth, and others not till some time—perhaps years—after birth. Convulsions in infancy, epilepsy, fevers, and injuries he considered more potent causes than others whose experience led them to different conclusions. Tedious labors, consanguinity of parents, and hereditary syphilis—especially consanguinity and syphilis—did not appear to the author to play such an important rôle in ætiology as others had supposed.

#### TUMORS OF THE PITUITARY BODY.

This subject is considered in the *University Medical Magazine*, Nov., 1889. Tumors in the pituitary body, though

not frequent, have been recorded; cysts have been described by Zenker and Weichselbaum; adenomata have been seen by Ribbert, Weigert, and Weichselbaum; Klebs has recorded instances of sarcoma and carcinoma; Weigert of gummata; and Weichselbaum one case of lipoma. Neoplasms, unless extending beyond the limits of the pituitary body, produce no recognizable symptoms. This was true in five of the thirty-eight cases collected by Rath. In the remaining thirty-three the symptoms indicated the results of cerebral compression—headache, vomiting, giddiness, epileptiform seizures, atrophy of the optic nerve (or papillitis), temporary hemianopsia, hebetude (in thirty per cent.), imperfections of speech and hearing, involvement of the oculo-motor nerve, and of the abducens. In three instances, diabetes mellitus existed, and diabetes insipidus in one. It has been taught that optic neuritis is frequently absent in this form of brain tumor. Rath thinks this is true, because death occurs early in the affection. Bernhardt believes that pressure is too great to admit entrance of fluid into the optic nerve-sheath, and hence a primary atrophy without preceding neuritis. Neuritis may occur late in the disease, supervening upon an already existing atrophy. A curious symptom has been observed in hypertrophy and disease of the hypophysis cerebri. This is a tendency to grow stout. In the remarkable condition first described by Marie, and named by him acromegalia, an acquired hypertrophy of the upper and lower extremities and of the head takes place. Minzowski, in a discussion of this disease, referred to post-mortems that revealed enlargement of the pituitary body.

In a case of suspected tumor of this body, recorded some years ago by de Schweinitz, in addition to other well-marked symptoms, there was excessive sweating, especially of the hands and feet. Rath concludes that when tumors are confined exclusively to this region, there are no diagnostic symptoms. When extending beyond its limits, prominent signs of this disorder are temporal and frontal headache, ocular disturbances, weakness in the legs, and hebetude. A peculiar form of dementia, and of diabetes mellitus or insipidus, would yield confirmatory testimony.

## ABSCESS OF THE BRAIN.

In the *New York Medical Journal*, Nov. 9, 1889, Dr. T. M. Markoe reports the following case, which was admitted to New York Hospital, Oct. 2, 1888: A. R., Syrian, aged twenty-two, peddler, found in cellar in stupid condition, unable to give any account of himself. It was ascertained that, a year before the present accident, the man had received an injury to the head. There existed a crucial cicatrix, depressed into thickness of scalp, but not suggesting depression of bone, and situated parallel to and about half an inch behind the fissure of Rolando; cicatrix firm, solid, without sign of inflammation; near centre, a soft spot, as if bone deficient there. Mental condition dull, apathetic; pupils normal, react naturally to light; obliteration of wrinkles of forehead on right side; slight drooping of upper eyelid; some drawing of right corner of mouth; extrusion of tongue normal; right arm without difference in sensation from left, but marked disinclination on patient's part to move it, especially as high as head; sluggishness of movement in right leg, not so marked as right arm. Pulse, 68; respiration, 21; temperature, 100.6°. Patient in condition of active salivation, but does not know for what purpose mercury administered.

Patient kept quiet in bed; thirty grains bromide of sodium and ten grains iodide of potassium given three times a day. Began to be delirious in a mild way two days after arrival.

*October 5th.*—Convulsion, repeated five times, beginning with twitching of muscles on right side of face, then right arm, right leg, then general. No change in pupils. Attack lasted about five minutes. Next day two more convulsions. Believing that symptoms depended on meningeal inflammation in region of scar of old injury, vesication with blistering collodion was established there, covering space as large as palm of hand. Occasional convulsion afterward.

From October 6 to October 11, temperature remained normal, then rose to 101.6°. Complained of pain in head, restless, sensation of arm and leg on affected side distinctly lessened.

*October 12th.*—Pulse and temperature increased. Fluctuating tumor in region of vesication, just in front of old cicatrix, extending over frontal and parietal region. Left eye closed by œdema of lids from proximity of swelling. Abscess opened by free incision, through which finger detected bare bone. Release of pus gave relief, and patient seemed brighter.

No real improvement taking place in the man's condition, signs of pressure increasing rather than diminishing, progression of symptoms giving reasonable ground that intracranial suppuration had already taken place, it was decided that an operation afforded the only prospect of relief. This was performed October 13th. Incision already made for evacuation of subcutaneous abscess enlarged, to expose region of original bone injury. Skull found to be deficient over oval space covering more than two square inches. This space filled by firm, thick, fibrous-looking membrane. Appearances were that of skull that had been trephined, and in which the deficiency had been filled by usual fibrous cicatrix. Next step, removal of cicatrix and exposure of brain surface, which was done carefully with scissors. Before half completed, pus oozed and soon flowed freely. Removal of remainder of cicatrix disclosed orifice of cavity extending nearly three inches into substance of brain, the walls of which appeared to consist of unaltered brain-substance. After full evacuation, drainage-tube introduced, flaps approximated by sutures, and antiseptic dressing applied. Improvement followed operation, and there were no convulsions after it.

*October 20th.*—Pain in head, slight delirium, temperature  $105^{\circ}$ , pulse 130, pupils contracted. Evidences of paralysis more and more marked, and symptoms of general meningitis. Stupor deepened daily, with  $102^{\circ}$  to  $105^{\circ}$  as temperature range, Cheyne-Stokes' respiration, with death, October 25th, twelve days after operation.

*Autopsy.*—Beneath the flaps made by two incisions, there is an opening through calvaria, from which fungoid mass protrudes. Opening (oval), situated in left parietal bone, has long diameter of one and five-eighths inches; its short-

est being one and one-eighth inches. It extends about one-half inch to left of interparietal suture, and reaches within a few lines of temporal ridge. Anteriorly approaches coronal suture within about a half inch. Precise situation of abscess cavity most important feature of this description. Orifice admits little finger, is surrounded (and in fact formed) by mass of granulation-substance, which projects from surface of hemisphere about one inch, more anteriorly than posteriorly. Meninges consolidated, adherent to brain surface all round orifice of cavity, most extensively on front boundary. No evidence of general meningeal inflammation. Topography of abscess cavity brings it anterior to fissure of Rolando, which its posterior border skirts closely for about an inch. It approaches longitudinal fissure within perhaps four lines; anteriorly occupies posterior part of second and portion of first frontal convolution, reaching downward to, perhaps encroaching on, the third frontal convolution. Main development of abscess, therefore, in the middle portion of ascending frontal convolution.

The case illustrates the general law (von Bergmann), that abscess of substance of cerebral lobes, except metastatic and tubercular abscesses, is never primary or idiopathic, but depends upon traumatism, upon some focus of suppuration outside of brain-substance. In this instance, abscess undoubtedly resulted from double trauma: first, an old compound fracture with its resultant cicatrix; and, second, the recent injury caused by fall into the cellar. It is well to note that absence of high temperature does not necessarily exclude diagnosis of cerebral abscess. Pulse also, during whole observation, was not materially accelerated. Just before death the rise of temperature to  $105^{\circ}$  and the pulse to 130 seemed to indicate general meningitis, which the post-mortem did not verify.

The case is also interesting from the standpoint of cerebral localization. Clinical symptoms pointed to seat of lesion, but at no time was paresis strongly marked. All experimentalists on localization seem to agree in stating that centres for face, arm, and leg lie in the convolutions on *each* side of the fissure of Rolando, and not on one side

or the other alone, which may explain the slight symptoms during life as far as paralysis is concerned.

#### HYPNOTISM IN THERAPEUTICS.

The *Medical News*, Nov. 2, 1889, contains an editorial with this title, that offers suggestions and criticisms of value. Being in a transitional stage, the future of hypnotism is as yet difficult to prophesy. Until the time of Braid, intentional imposture seemed the only rational explanation of mystical theories and absurd statements. Braid undertook the study of the subject in a spirit approaching the scientific, concluding that this curious psychological condition could be explained without the aid of magnetic fluid or mysterious force. Esdail, a contemporary of Braid, utilized the hypnotic state as an anæsthetic, performing more than six hundred surgical operations on persons under its influence. Little credence was at first given to Esdail's statements; but a committee appointed by the Indian government substantiated them in every particular.

Systematic use of suggestion during hypnosis began with the so-called Nancy school, who, represented by Bernheim and Liebault, claim to cure all manner of ailments, to elevate depraved characters and exorcise vicious propensities. Charcot, while adding much to the knowledge of hypnotic phenomena, has studied its curative properties less than Voisin and others of the Salpêtrière. Voisin has obtained cures of hysteria, hystero-epilepsy, and probably of dipsomania by means of hypnotic suggestion. Among the insane he claims to quiet mania, remove hallucinations, produce natural sleep, and control obstreperous patients. His assertion, that ninety per cent. of the mentally diseased are susceptible to hypnosis, is open to criticism. The dominant influence of a strong intellect over a weaker is not to be forgotten, and the skillful guidance of the imagination is in itself a curative agent. Torel disagrees with Voisin as to the wide applicability of hypnotism in the treatment of insanity.

Corval (*Therapeutische Monatshefte*, Sept., 1889) publishes a long list of diseases where he has seen suggestive

therapeutics produce remarkable results. Could his statements be unreservedly accepted, there would now exist a specific for acute alcoholism, every variety of neuralgia, lightning pains of tabes, epilepsy, deafness, tinnitus aurium, asthma, and muscular rheumatism. It is not affirmed that relapses can be prevented, but Corval thinks them less frequent than with ordinary methods of treatment. In spite of appearances, Corval's deductions are dispassionate, and to this effect: In suggestive therapeutics we possess a mode of treatment that is sometimes curative, sometimes palliative; judiciously selecting cases and avoiding unnecessary experiment, this measure is no more dangerous than many other curative means; its indications and contra-indications being as yet imperfectly defined, its use should be confined to cases in which the usual treatment is unsatisfactory or dangerous—replacing morphine as an anti-algesic and chloroform as an anæsthetic; the method should be studied earnestly and scientifically; and, to prevent abuse and disaster, its practice should be confined, by law, to physicians.

It is extremely doubtful if the use of hypnotism ever becomes general. It must not be forgotten that it is sometimes the reverse of harmless. Epilepsy has grown more severe, hysteria has been produced by it in subjects previously well, and permanent hysterical contractures have developed. In certain instances it has been impossible to arouse patients from the hypnotic sleep for weeks.

#### TREATMENT OF "NERVOUSNESS."

The Cincinnati *Lancet-Clinic*, of Nov. 2, 1889, contains a paper with the above title, by Philip Zenner, A. M., M. D. In this condition there is either inherited or acquired predisposition. Cause for the outbreak consists in the circumstance or mode of life, in special systemic conditions, or in local pathological processes which act as reflex excitants. Indications in treatment are: Building and toning up of nervous system, removal of causes of disease whenever possible, together with whatever moral influences that can be brought to bear upon the patient. The treatment begins

with the first examination, the physician's success depending largely upon his mode of address, thoroughness, and patience at that time.

In all these cases there exists the basis of real disease. To tell a patient conscious of his own suffering that nothing is the matter with him, causes him to exaggerate the nature of his trouble and to doubt the physician's skill. To say that the disease is functional, and therefore curable, combines both truth and tact, and reassures the patient. Confidence and hope are two powerful therapeutic agents. The cause or causes of the condition for which the sufferer seeks relief must be looked for and removed whenever possible. Overwork, anxiety, grief, disappointment, and other sources of emotional storm, may be discovered readily enough. They are not so easy of removal. Bodily ailments respond more easily to remedies. Any exhausting disease may be followed by nervous conditions. Syphilis, gout, lithæmia, or malaria sometimes appear to be direct or indirect causes, and furnish an indication for treatment. Local pathological processes, in a reflex way, appear to excite or maintain nervous symptoms. The most common of these are: obstruction of the nasal passages, eye-strain, stomach trouble, disease of the uterus and of the prostatic portion of the urethra. Such diseases should be sought out and remedied, though it must not be forgotten that local processes like these only produce general disease when the soil is favorable for it.

The general treatment of the nervous system is always essential, usually more so than the treatment of the local trouble, for the nervous disease often disappears while the local trouble remains. On the other hand, the latter may be cured without favorably affecting the nervous manifestations.

Hygiene—the proper regulation of the manner of living—is the most important agency in giving tone to the nervous system and removing nervous symptoms. Sleep, diet, out-door exercise, and adequate employment and recreation are the physician's affair. Hot water, where there is lack of appetite, is often of value. Where there has been over-

work, or strain from worry, great responsibility, etc., rest should be ordered. The kind of rest is of moment. A change of activity is often greater rest, both to mind and body, than doing nothing. Inactivity too often favors introspection and brooding, which are to be guarded against as much as possible. Thought must be directed into healthy channels, away from the individual himself, until the proper relations to others are normally adjusted.

The first in the list of special therapeutic measures is hydro-therapy, comprising hot, cold, and temperate baths, medicated and mud baths, wet packs, douches, sponge-baths, etc. Personal trial determines the kind best suited to the case. The simplest form, the sponge-bath, can be administered at home. Hydro-therapy exerts a beneficial influence in nervous cases, partly as a calming agent, quieting the patient, inducing sleep, and relieving pain. Its influence in increasing the heart's action, hastening the circulation, and promoting tissue-changes is probably greater than its soothing properties.

A therapeutic measure of manifold application is electricity. The faradic current is often serviceable. General faradization acts as a tonic, improving the condition of the whole nervous system. Local faradism assists in relieving pain and spasm. The galvanic current, though less commonly employed, has a wider range of usefulness. Central galvanism exerts a general tonic influence, like general faradization. A mild current to the head produces good results, favoring normal sleep, and quieting and giving tone to the nervous system. Static electricity probably has a more limited range of usefulness than the other forms, but it often affords much aid in the management of "nervous" cases. The general application of sparks all over the body is an invigorating process, the static head-bath is calming and favorable to sleep, while more limited applications tend to relieve pain, spasm, and the like.

The moral influence of the "big machine" is not to be ignored, patients expressing themselves as great believers in its efficacy. Drugs form the least important element in treatment, and often the patient is better off without medi-

cines. Tonics are most frequently indicated, as quinine, arsenic, strychnia, cod-liver oil, etc. Remedies for the mere relief of symptoms—sleeplessness, excitability—are best omitted altogether. The most valuable of this type are the bromides. Given systematically for a short time, they put the patient in a better condition temporarily, thus allowing other measures to bring about a cure. Severe cases that induce chronic invalidism are best treated by the Weir Mitchell plan—rest, massage, electricity, and excessive feeding—when there is loss of flesh and impoverished blood. Change of scene, mountain air, ocean voyages, sea-baths, etc., are powerful adjuvants.

Success in the treatment of functional nervous disease depends largely upon the physician himself; on the confidence he inspires; on the diagnosis; on the appreciation of other ailments that have to do with the development of symptoms, and the management of such ailments; on the proper estimate of each individual case, from the moral, mental, and physical standpoint, in order to direct the amount and kind of work, to encourage, uplift, and inspire, and to manage wisely the special therapeutic agencies employed. As the physician understands and does these things well, so his success will be. Failure in methods and appreciation means failure to cure the patient.

#### ANTIFEBRIN IN EPILEPSY.

From the employment of antifebrin in epilepsy, Th. Diller reports, in the *Therapeutic Gazette*, June, 1889, these results from the administration of three or four grains, three times a day: A reduction in the number of fits a month, ranging from twenty-five to seventy-five per cent., as compared with months when tonics or bromides were taken; remedy well borne without apparent mental or physical depression; no skin eruption; in cases where attacks are very frequent and immediate control desirable, the bromides are far more valuable than antifebrin.

#### PEROSMIC ACID IN EPILEPSY.

In the *Therapeutic Gazette*, Nov. 15, 1889, are Dr. Carl Schroeder's statements concerning the effects of perosmic

acid on eight epileptics, to whom were administered one-fifth of a grain daily in pill-form. Two were somewhat improved, while in the other six no action whatever was perceptible. The experimenter suggests that, if treatment had been prolonged, other results might have been obtained, as elsewhere the use of this drug has proved more satisfactory.

#### BRAIN SPECIMENS, CHIEFLY ILLUSTRATING LOCALIZATION.

The *University Medical Magazine*, Nov., 1889, contains Dr. Charles K. Mills' paper upon this subject. The brains examined were those of persons manifesting widely different conditions, as oro-lingual monoplegia, hemiplegia, blindness, deaf-mutism, etc.

In the same journal Dr. J. H. Musser's article, on "Some Clinical Aspects of Vomiting," gives the mechanism of this act, its causes and varieties, and its value as a symptom when existing in conjunction with others. Habit vomiting may be due to neurasthenia or hysteria, or to some distant irritation. Sudden painless vomiting in the aged is always of grave omen. The first set of causes of vomiting are those which stimulate the centre directly, independent of organic disease of the brain, as toxæmia, initial stage of fevers, ethers, alcohols, alkaloids, gases, etc.; the second, causes acting centrally in one sense, associated with organic disease about the centre or its vicinity, as cerebral tumor, abscess, inflammation; the third set of causes are organic or functional disturbances of the organs of special sense, as taste, smell; and, fourth, impulses transmitted from various organs of the body by their associate efferent nerves. The author mentions a potent and frequently unrecognized cause of vomiting—drugs given for the relief of abnormal conditions.

#### TREATMENT OF PSYCHOSES BY OPIUM.

The *Buffalo Medical and Surgical Journal*, Oct., 1889, quoting from the *Therapeutische Monatsheft*, gives the results obtained by Dr. Ziehen, of Jena, through the admin-

istration of opium in mental disease. It was given to ninety-seven patients. Forty three suffered from melancholia, four from mania, and fifty from paranoia. Seventy-nine per cent. (thirty-one persons) of the cases of melancholia recovered. The value of opium in senile melancholia was particularly marked. In mania the drug was of no avail. The bromides and hyoscin were preferable. In paranoia without hallucinations, opium is contra-indicated. It was found efficacious wherever paranoia hallucinatoria existed, twenty-four out of twenty-eight cases recovering.

#### INSULAR SCLEROSIS OF THE BRAIN.

The *Medical News*, Nov. 16, 1889, contains a clinical lecture with this title, by Dr. Henry M. Lyman. Patient, aged thirty-four, canvasser, much exposed to the sun, drinks beer, has had rheumatism, reports a stroke, but no illness previous to the attack, except some nervousness, the attack coming on while he was quietly sitting. For fifteen minutes he could not speak, had cramps in both hands, but did not fall or lose consciousness. The trouble has been growing worse. Reflexes, heart-sounds and vision normal. The right arm is getting weaker and has numb feelings lasting half an hour at a time. No syphilis. Syphilitic disease involves the arteries of the brain; rupture of a blood-vessel is therefore common. Rheumatism predisposes to cerebral difficulties. Minute fragments of vegetations may be broken off from the valves of the heart and washed into the circulation, obstructing the blood-vessels in a certain territory of the brain—as the Sylvian artery—and thus producing the symptoms of a stroke. A rupture or plugging of an artery results in arrested functional activity. When the left side of the brain in the region of the Sylvian artery is affected, the power of speech is interfered with; when the right side, there is no loss of speech, but paralysis of the limbs. The patient cannot hold a glass of water steadily, yet there is not so much agitation of the hand as in brain-tumor. The left hand is steadier than the right. In writing an unfamiliar sentence, there is an irregular, angular character to all the strokes, which present characteristic inequality. This tre-

mor is often seen in old age, for advancing years induces atrophy of the brain and consequent tremor of the hands. Narcotic poisons (as tobacco), loss of sleep, and excessive venery will do the same; but the most serious cause is disease of the brain substance itself, either a sclerosis in disseminated patches, or injury to the brain-substance, here and there, consequent upon disease of the cerebral blood-vessels, which seems to be the condition in this patient. In sclerotic disease invading the brain there is a tendency to occasional paroxysms of paresis, perhaps of epileptiform attacks, which are multiple in their development. Sometimes the patient becomes completely paralyzed and comatose, consciousness and speech returning, and, in a few days, the power of locomotion. The diseased condition reappears after a time. Chronic inflammation of the cortex, which constitutes the foundation of paretic dementia, frequently produces such conditions; so, too, does chronic disease of the blood-vessels, as in the present case. Together with the tremor after the attack, there is an irregular utterance of speech, each syllable being uttered with special effort in an unnatural and artificial way, owing to the lack of a continuous and equable flow of energy from the brain. There is spastic rigidity of the muscles on the right side, and the tongue trembles when protruded.

Biniodide of mercury, about a twenty-fifth of a grain three times a day, frequently brings about considerable improvement. It may be given for months without danger of salivation.

#### ACROMEGALY.

*Brain*, for July, 1889, contains Pierre Marie's observations on this strange disease, in which the most prominent symptom is a striking non-congenital hypertrophy of the extremities (hands, feet, head), and therefore named by the author, in 1885, acromegaly (from *ακρον*, extremity, and *μηγας*, large). The hands are enormous, like battledores; fingers, sausage-shaped; nails, flattened, widened, but short, and striated longitudinally, as well as sometimes curved upward when the palm is outstretched on a table. The arm, except

the lower part, maintains its usual size. The feet are huge, with an enormous pad of tissue on the external border; malleoli, head of fibula, and upper extremity of tibia are also increased in size; otherwise the leg does not greatly exceed the normal. The knees often appear prominent in consequence of enlargement of the patella and the condyles of the femur. The diameter of the thigh is unchanged. The cephalic extremity presents an increase in bulk, most marked in prominent parts of the face, as the eyelids, nose, cheek-bones, and chin. The chin projects downward and forward, the lower jaw is increased in size, the teeth being separated in consequence. The tongue is of enormous dimensions, its volume sometimes double the normal, but the shape also perfectly regular. The ears vary, sometimes being notably increased and often remaining unchanged. All the tissues undergo more or less marked alteration. The vertebræ are much hypertrophied. There is kyphosis, a certain degree of scoliosis and lardosis. While the thyroid may be slightly hypertrophied, it is never absent. The thorax appears flattened latterly, and prominent antero-posteriorly. The sternal region protrudes obliquely from above downward, and from behind forward, the xiphoid appendix being enormous, its free extremity projecting above the level of the sternum. Respiration seems to be especially diaphragmatic. There is a somewhat massive appearance of the pelvis. The joints are rather thick, sometimes nodose, often the seat of cracklings and pains more or less acute. The muscles, except in the cachetic state, are thoroughly well developed, muscular strength sometimes being above the average. Headache is present in the greater number of instances, sometimes of a severe character. Sight is often and most manifestly affected.

In an advanced stage there is complete blindness, due to compression of the optic nerves by the enlargement of the pituitary body. Even when there is slight visual trouble, the ophthalmoscope reveals indications of optic neuritis. Hearing may be equally affected. The skin is generally flaccid, sometimes dry, most frequently presenting a yellow-brown discoloration, or a slightly olive hue, most marked

on the eyelids; there may be vergetures, one case presenting a few pendulous growths of molluscum. The hair and beard are always thick and coarse. The increased size of the larynx may account for the depth and strength of voice. Some patients have an almost insatiable appetite and excessive thirst. Diabetes is a frequent accompaniment of acromegaly.

There is an increase in the size of the heart, and a tendency to venous dilatations (varicose veins, haemorrhoids). In women there is suppression of the menses, an early phenomenon, from which the commencement of the disease may be dated. Psychical functions are most often well preserved—the good humor of the patients often contrasting grimly with their miserable condition. On the other hand, intense melancholy may drive them to suicide.

The course of acromegaly is of long duration—ten, twenty, thirty years and more. Its onset seems to occur between the ages of twenty and twenty-six. Concerning this point there is not sufficient data. Confinement to bed precedes death by a few years, which, when it comes, is unexpected, with indications of syncope. Acromegaly may possibly be confounded with Virchow's *leontiasis ossea*, *elephantias*, *myxædema*, and the *maladie osseuse de Paget*. Certain forms of *rachitis* also present an appearance similar to that of acromegaly; also *macrosomia* and *Friedreich's disease*. A careful study of the history of each case prevents confusion on this point.

#### OVER-STRAIN AND UNDER-POWER OF BRAIN.

The *Alienist and Neurologist*, by Dr. C. H. Hughes, of St. Louis, calls attention to the fearful demands that modern life makes upon the nervous system. The electric light, the telephone, the ticker, the phonograph, cable-cars, elevated trains, fifteen minutes for refreshments, amusements and recreation at hours best devoted to sleep, together with stimulation in the form of tea, coffee, or alcohol, certainly constitute a state of things. We sleep on the go and go in our sleep, and consequently mind is a poor affair without a strong brain and body to support it. Duty de-

mands that we save ourselves for our brains, and save our brains for our mind's sake, instead of galloping through life and trotting into the grave. The voice crying in the wilderness is occasionally of avail, especially when it is a scientific voice. Dr. Hughes's paper is interesting and most timely, and based upon the idea that, whatever the real nature of mind may be, it is so intimately allied to organism as to be practically inseparable from it during life.

#### HYPNOTICAL ANÆSTHESIA, WITH A STUDY OF THE FIELDS OF VISION.

In the *American Journal of Medical Sciences*, for Nov., 1889, a paper by John K. Mitchell, M.D., and G. E. de Schweinitz, M.D., treats of this subject. Galczowski was the first to study acromatopsia or dyschromatopsia in hysteria, especially in cases where hemianæsthesia is present. Amblyopia sometimes accompanies hysterical losses of sensibility, with changes in the extent or arrangement of fields of color-vision, or total loss of color-perception in one eye. Physiologically, the field for blue is the largest; yellow, orange, red, green, follow in this order; and, last, violet is perceived only by the most central portions of the retina. In pathological states the characteristic conditions appear in some sort exaggerated, but in varying degree. The various circles narrow concentrically after a fashion more or less marked, following the rule established by the normal condition (Charcot). But some of the French patients examined were found to have a reversed order of color-perception instead of simple concentric diminution of color-fields; and in some bad cases there was total loss of color-sense, everything appearing like a sketch in India-ink. Bernutz states that hysterical anæsthesia is limited to one part, perhaps of the skin, perhaps of the mucous surface, especially the conjunctiva of the left eye.

The authors give an interesting case of an over-indulged girl of sixteen, the youngest of a large family, and small for her age, who menstruated irregularly without pain, and became ill in consequence of being sent away to school contrary to her inclination. There she developed aphonia, and

what Weir Mitchell calls "hysterical ataxia," refusing food, and screaming if any noise offended her hearing, which was extremely sensitive. The fear of fall or accident from incoordination induced a decided paresis of the will. She was analgesic from head to foot, there being no sensation in the breast or under the finger-nails. To the use of two faradic brushes on the nipple—the most severe test—the patient was perfectly indifferent. The sense of touch was fair, localization good, appreciation of thermal differences very feeble.

The examination of the eyes revealed the following conditions: Vision one-half and two-thirds respectively of normal, which, by the correction of a hypermetropic astigmatism under a mydriatic, rose to full sharpness of sight. The following formula was found to correct the optical error:

$$\begin{array}{c}
 \text{O. D.} + 1.00^\circ \bigcirc + .90 \text{ axis V. } \overset{20}{\text{—}} \\
 \text{xx} \\
 \text{O. S.} + 1.50^\circ \bigcirc + 1.^\circ \text{ axis V. } \overset{20}{\text{—}} \\
 \text{xx}
 \end{array}$$

There was deficiency in the amplitude of accommodation corresponding to the error of refraction, together with a low degree of insufficiency of the internal recti. The ophthalmoscope revealed oval disks, somewhat distended and slightly tortuous retinal veins, with undue prominence of the central lymph sheaths. There were no abnormal pupillary phenomena. The form-fields in each eye were absolutely normal. The color-fields—blue, yellow, red, green—followed in the order given and without any material contraction. Thus in the right eye:

		Outward.	Upward.	Inward.	Downward.
Blue	.	75	38	42	48
Yellow	.	75	28	32	38
Red	.	55	30	25	35
Green	.	45	20	25	25

The left eye presented no material difference from that just recorded. These observations were several times repeated, the last time just before the patient was discharged.

Proper treatment brought about a complete cure in three months.

The authors cite eight cases, selected at random because of changes in sensibility, together with alteration in the visual field, and find that the only conclusions possible to formulate are :—that general anaesthesia, infrequent though it be, cannot for this country be supposed so rare as in Europe. On the other hand, complete or nearly complete unilateral anaesthesia, while commonly present, is by no means so constant a feature of ordinary hysteria with us as with foreign observers. Either of these states as a symptom is far less often accompanied by changes in color-perception than French and German writers would lead us to expect, the changes being practically absent in cases of complete anaesthesia. Foreign writers see more often than Americans grave hysteria with convulsive seizures, hysteria in the male and hystero epilepsy ; so also they find hemianesthesia with achromatopsia more common. The frequency of concentric contraction of the fields in such states is as true for this country as for Europe.

#### BUTYLCHLORAL IN FACIAL NEURALGIA.

The *Medical News*, Nov. 9, 1889, calls attention to Liebreich's recommendation of butylchloral in facial neuralgia, in doses varying from fifteen to forty-five grains a day. The formula is as follows :

Butylchloral,	-	-	-	-	45 to 75 grains.
Alcohol,	-	-	-	-	2½ fluidrachms.
Glycerine,	-	-	-	-	5 fluidrachms.
Distilled water,	-	-	-	-	4 fluidounces.

Of this the patient is to take a tablespoonful at a dose.

## PREVENTION OF ATTACKS OF MIGRAINE.

The *Medical and Surgical Reporter*, Nov. 2, 1889, quoting from the *Allgemeine med. Central-Zeitung*, No. 39, gives Dr. Hammerslag as authority for the following combination of remedies for preventing attacks of migraine, which he states has not failed him:

R

Caffeine citrat,	-	-	-	-	-	gr. xv.
Phenacetin,	-	-	-	-	-	gr. xxx.
Sacch. albi,	-	-	-	-	-	gr. xv.

M. Fiat pulv. Dis. in capsulas No. x.

One capsule may be taken, in the intervals of the attack, every two or three hours. Phenacetin does not act so promptly when given alone.

## HYSTERICAL BABIES.

The Cincinnati *Lancet Clinic*, Nov. 9, 1889, quoting from the *Medical News*, gives the following concerning infantile hysteria: The view that hysteria is a pathological condition of the gray substance of the brain and therefore a physical disease, not a neurosis, is shared by Liebermeister, Hagenbach, Burkardt and Duboisin. These maintain that physical symptoms are never absent, and in some cases are the only ones that exist. Hysteria in children is of the simplest type; and for this reason such cases are especially adapted for the study of the disease. Twenty-four cases of infantile hysteria, studied by Burckardt and Duboisin, presented evidences of predisposition to the disorder. In 58 per cent. a hereditary neuropathic tendency could be traced, while in 50 per cent. there was hereditary predisposition to tuberculosis. Three light cases were free from these tendencies. All the patients, except two, were anæmic. Two had suffered from poliomyelitis anterior acuta. Eight cases were caused by fear, shock, etc. Few instances of ultimate cure were observed. The majority remained anæmic, continuing to be troubled with either headache, palpitation, nervousness, bodily and mental weakness, weakmindedness, or hysterical psychosis. Prognosis may therefore be regarded as unfavorable.

L. F. B.